

LEARNING PROJECT RECORD -  
NON - ACCREDITED PROFESSIONAL DEVELOPMENT  
LONG - TERM ACTIVITY

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Name \_\_\_\_\_ SPhA # \_\_\_\_\_ Licensing Year \_\_\_\_\_

Topic: \_\_\_\_\_ Project Date(s): \_\_\_\_\_

PRACTICE ISSUE:

*Identify a gap in your knowledge and skills that is relevant to your practice and state your learning objective with respect to the identified need.*

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STIMULUS:

*Indicate the factors that helped you identify this issue in your practice.*

- |  |   |
|--|---|
| <input type="checkbox"/> Management of a patient or practice problem                     | <input type="checkbox"/> Discussion with peers or others  |
| <input type="checkbox"/> Completing a self-assessment program                            | <input type="checkbox"/> Feedback about my practice, e.g., practice review, external directive, patient complaint |
| <input type="checkbox"/> Scanning the literature (journals, newsletters, internet)       | <input type="checkbox"/> Participation in a volunteer activity  |
| <input type="checkbox"/> Engaging in teaching, writing, research                         | <input type="checkbox"/> Other (specify in Notes)   |
| <input type="checkbox"/> Participation in a CE program                                   |   |
| <input type="checkbox"/> Reflecting on a series of similar patients or practice problems |   |

Notes: \_\_\_\_\_

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TIME LINE:

*Develop a time line for this learning activity. Include the stages you will take to complete your activity and an estimated date of completion. In your outline, briefly identify your expected learning activities on a monthly basis.*

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RESOURCES:

*Briefly identify your learning activities.*

Month 1: \_\_\_\_\_

Time: \_\_\_\_\_ Hours (Estimate the approximate time spent on this project in increments of 0.5 h)

CEUs claimed: \_\_\_\_\_ (number of hours recorded at left to a maximum of 4)

- |  |  |
|--|--|
| <input type="checkbox"/> Non-accredited group program (workshop, course, conference) _____ h | <input type="checkbox"/> Reading (articles, texts, newsletters, manuals, internet) _____ h |
| <input type="checkbox"/> Self-study program (print, video/audio, internet) _____ h           | <input type="checkbox"/> Planned literature search, e.g., Medline, Internet _____ h        |
| <input type="checkbox"/> Self-assessment program _____ h                                     | <input type="checkbox"/> Discussion with colleague or experts _____ h                      |
| <input type="checkbox"/> Preceptorship or mentorship with an expert _____ h                  | <input type="checkbox"/> Other (specify in Notes:) _____ h                                 |

Notes: \_\_\_\_\_  
\_\_\_\_\_

Month 2: \_\_\_\_\_

Time: \_\_\_\_\_ Hours (Estimate the approximate time spent on this project in increments of 0.5 h)

CEUs claimed: \_\_\_\_\_ (number of hours recorded at left to a maximum of 4)

- |  |  |
|--|--|
| <input type="checkbox"/> Non-accredited group program (workshop, course, conference) _____ h | <input type="checkbox"/> Reading (articles, texts, newsletters, manuals, internet) _____ h |
| <input type="checkbox"/> Self-study program (print, video/audio, internet) _____ h           | <input type="checkbox"/> Planned literature search, e.g., Medline, Internet _____ h        |
| <input type="checkbox"/> Self-assessment program _____ h                                     | <input type="checkbox"/> Discussion with colleague or experts _____ h                      |
| <input type="checkbox"/> Preceptorship or mentorship with an expert _____ h                  | <input type="checkbox"/> Other (specify in Notes:) _____ h                                 |

Notes: \_\_\_\_\_  
\_\_\_\_\_

Month 3: \_\_\_\_\_

Time: \_\_\_\_\_ Hours (Estimate the approximate time spent on this project in increments of 0.5 h)

CEUs claimed: \_\_\_\_\_ (number of hours recorded at left to a maximum of 4)

- |  |  |
|--|--|
| <input type="checkbox"/> Non-accredited group program (workshop, course, conference) _____ h | <input type="checkbox"/> Reading (articles, texts, newsletters, manuals, internet) _____ h |
| <input type="checkbox"/> Self-study program (print, video/audio, internet) _____ h           | <input type="checkbox"/> Planned literature search, e.g., Medline, Internet _____ h        |
| <input type="checkbox"/> Self-assessment program _____ h                                     | <input type="checkbox"/> Discussion with colleague or experts _____ h                      |
| <input type="checkbox"/> Preceptorship or mentorship with an expert _____ h                  | <input type="checkbox"/> Other (specify in Notes:) _____ h                                 |

Notes: \_\_\_\_\_  
\_\_\_\_\_

Month \_\_\_\_ (If required) \_\_\_\_\_

Time: \_\_\_\_\_ Hours (Estimate the approximate time spent on this project in increments of 0.5 h)

CEUs claimed: \_\_\_\_\_ (number of hours recorded at left to a maximum of 4)

- Non-accredited group program (workshop, course, conference) \_\_\_\_\_ h
- Self-study program (print, video/audio, internet) \_\_\_\_\_ h
- Self-assessment program \_\_\_\_\_ h
- Preceptorship or mentorship with an expert \_\_\_\_\_ h

- Reading (articles, texts, newsletters, manuals, internet) \_\_\_\_\_ h
- Planned literature search, e.g., Medline, Internet \_\_\_\_\_ h
- Discussion with colleague or experts \_\_\_\_\_ h
- Other (specify in Notes:) \_\_\_\_\_ h

Notes: \_\_\_\_\_  
\_\_\_\_\_

Month \_\_\_\_ (If required) \_\_\_\_\_

Time: \_\_\_\_\_ Hours (Estimate the approximate time spent on this project in increments of 0.5 h)

CEUs claimed: \_\_\_\_\_ (number of hours recorded at left to a maximum of 4)

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- Self-study program (print, video/audio, internet) \_\_\_\_\_ h
- Self-assessment program \_\_\_\_\_ h
- Preceptorship or mentorship with an expert \_\_\_\_\_ h

- Reading (articles, texts, newsletters, manuals, internet) \_\_\_\_\_ h
- Planned literature search, e.g., Medline, Internet \_\_\_\_\_ h
- Discussion with colleague or experts \_\_\_\_\_ h
- Other (specify in Notes:) \_\_\_\_\_ h

Notes: \_\_\_\_\_  
\_\_\_\_\_

Month \_\_\_\_ (If required) \_\_\_\_\_

Time: \_\_\_\_\_ Hours (Estimate the approximate time spent on this project in increments of 0.5 h)

CEUs claimed: \_\_\_\_\_ (number of hours recorded at left to a maximum of 4)

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- Self-assessment program \_\_\_\_\_ h
- Preceptorship or mentorship with an expert \_\_\_\_\_ h

- Reading (articles, texts, newsletters, manuals, internet) \_\_\_\_\_ h
- Planned literature search, e.g., Medline, Internet \_\_\_\_\_ h
- Discussion with colleague or experts \_\_\_\_\_ h
- Other (specify in Notes:) \_\_\_\_\_ h

Notes: \_\_\_\_\_  
\_\_\_\_\_

Month \_\_\_\_ (If required) \_\_\_\_\_

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- |  |  |
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| <input type="checkbox"/> Self-assessment program _____ h                                     | <input type="checkbox"/> Discussion with colleague or experts _____ h                      |
| <input type="checkbox"/> Preceptorship or mentorship with an expert _____ h                  | <input type="checkbox"/> Other (specify in Notes:) _____ h                                 |

Notes: \_\_\_\_\_  
\_\_\_\_\_

Total CEUs claimed for this long-term CE activity: \_\_\_\_\_

*If you require more space for recording subsequent months of activity, photocopy page three of this form and enter the Month number to reflect continuous activity.*

OUTCOME:

*Identify the impact your learning will have on your practice.*

- |   |  |
|---|--|
| <input type="checkbox"/> I plan to modify my practice.                  | <input type="checkbox"/> Confirmed no change in my practice needed at this time. |
| <input type="checkbox"/> More information needed to modify my practice. |  |

REFLECTION NOTES:

*Evaluate your learning activities.*

1. Key learning points from your project;
2. Was your approach the most sensible/appropriate one;
3. How you plan to use your new knowledge/skills in your practice; and
4. Any additional learning that is needed.

Notes: \_\_\_\_\_  
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Complete and retain this document in your personal learning portfolio.